

CHAPTER 11

Case Name Daleson Enterprises, LLC d/b/a Jones County Rest Home

Case Number 05-50095 For Period March 1 to March 31, 20 07

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts and Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 4-30-07
(date)

Debtor(s)*

Daleson Enterprises, LLC
d/b/a/ Jones County Rest Home

By:**



Position:

Member

Name of preparer:

Sandy Lindsey, CFO

Telephone No. of Preparer

601-758-1989

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NUMBER: 05-50095

COMPARATIVE BALANCE SHEET

ASSETS:

CURRENT ASSETS:

Cash.....

Month	Month	Month	Month	Month	Month	Month
9/30/06	10/31/06	11/30/06	12/31/06	1/31/07	02/28/07	03/31/07
447,658	298,072	332,797	326,920	312,636	309,991	304,619

263,251	383,531	342,827	335,516	343,255	340,605	340,585
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0	0	0	0	0	0	0
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0	0	0	0	0	0	0
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Other _____

620,268	620,268	620,268	620,268	620,268	620,268	620,268
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TOTAL CURRENT ASSETS.....

1,331,177	1,301,871	1,295,892	1,282,704	1,276,159	1,270,864	1,265,472
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PROPERTY, PLANT & EQUIPMENT.....

254,993	254,993	254,993	254,993	254,993	254,993	254,993
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0	0	0	0	0	0	0
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254,993	254,993	254,993	254,993	254,993	254,993	254,993
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NET PROPERTY, PLANT & EQUIPMENT.....

OTHER ASSETS

_____ Certificate of Need Cost _____

715,738	715,738	715,738	715,738	715,738	715,738	715,738
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_____ Workers Comp Deposit _____

94,435	94,435	94,435	94,435	94,435	94,435	94,435
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TOTAL OTHER ASSETS.....

810,173	810,173	810,173	810,173	810,173	810,173	810,173
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TOTAL ASSETS.....

2,396,343	2,367,037	2,361,058	2,347,870	2,341,325	2,336,030	2,330,638
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If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

CASE NUMBER: _____05-50095_____

COMPARATIVE BALANCE SHEET

LIABILITIES:

POST-PETITION LIABILITIES:

Taxes payable (Form 2-E, pg 1 of 3).....

Accounts payable (Form 2-E, pg 1 of 3).....

Other: _____ Intercompany Accts./Etc. _____

TOTAL POST-PETITION LIABILITIES.....

PRE-PETITION LIABILITIES:

Notes payable – secured.....

Priority debt.....

Unsecured debt.....

Other _____ Due Owner _____

TOTAL LIABILITIES.....

EQUITY (DEFICIT)

PREFERRED STOCK.....

COMMON STOCK.....

RETAINED EARNINGS:

Through filing date.....

Post Filing date.....

TOTAL EQUITY (NET WORTH).....

TOTAL LIABILITIES & EQUITY.....

Month	Month	Month	Month	Month	Month	Month
9/30/06	10/31/06	11/30/06	12/31/06	1/31/2007	02/028/07	03/31/07
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
689,477	689,477	689,477	689,477	689,477	689,477	689,477
1,258,733	1,258,733	1,258,733	1,258,733	1,258,733	1,258,733	1,258,733
308,767	308,767	308,767	308,767	308,767	308,767	308,767
77,723	77,723	77,723	77,723	77,723	77,723	77,723
2,334,700	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700
61,643	32,337	26,358	13,170	6,625	1,330	(4,062)
61,643	32,337	26,358	13,170	6,625	1,330	(4,062)
2,396,343	2,367,037	2,361,058	2,347,870	2,341,325	2,336,030	2,330,638

CASE NUMBER: 05-50095

PROFIT AND LOSS STATEMENT

SEE ATTACHED

SEE ATTACHED

	Filing Date	Month	Month	Month	Month	Month	Month
		10/31/06	11/30/06	12/31/06	1/31/07	02/28/07	3/31/07
NET REVENUE.....		0	0	0	0	0	0
<u>COST OF GOODS SOLD:</u>							
Material.....							
Labor - Direct.....							
Manufacturing Overhead.....							
TOTAL COST OF GOODS SOLD:.....							
GROSS PROFIT:.....		0	0	0	0	0	0
<u>OPERATING EXPENSES:</u>							
Selling and Marketing.....		0	0	0	0	0	0
General and administrative (rents, utilities, salaries, etc.)		29,306	5,979	13,188	6,545	5,295	5,392
Other							
TOTAL OPERATING EXPENSES.....		29,306	5,979	13,188	6,545	5,295	5,392
<u>INTREST EXPENSE</u>							
INCOME BEFORE DEPRECIATION OR TAXES:.....		(29,306)	(5,979)	(13,188)	(6,545)	(5,295)	(5,392)
<u>DEPRECIATION OR AMORTIZATION</u>		0	0	0	0	0	0
<u>EXTRA ORDINARY EXPENSES *</u>							
.....							
<u>INCOME TAX EXPENSE (BENEFIT)</u>							
NET INCOME (LOSS).....		(29,306)	(5,979)	(13,188)	(6,545)	(5,295)	(5,392)

*Requires explanation in NARRATIVE (Form 2-F)

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County CASE NUMBER: 05-50095

Rest Home

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period March 1 to March 31, 2007

Cash Reconciliation

1. Beginning Cash Balance (Ending cash balance from last month's report)		<u>\$ 309,991</u>
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's)	<u>\$ 520</u>	
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's)	<u>\$ 5,892</u>	
4. Net Cash Flow		<u>\$ (5,372)</u>
5. Ending Cash Balance (to FORM 2-B)		<u>\$ 304,619</u>

CASH SUMMARY – ENDING BALANCE

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	<u>\$</u>	
2. Trust Account	<u>\$ 0</u>	<u>Trustmark</u>
3. Operating and/or Personal Account	<u>\$ 302,132</u>	<u>Trustmark</u>
4. Payroll Account	<u>\$ 2,487</u>	<u>Trustmark</u>
5. Tax Account	<u>\$</u>	
6. Other Accounts (Specify checking or savings)	<u>\$</u>	
7. Cash Collateral Account	<u>\$</u>	
8. Petty Cash	<u>\$</u>	
TOTAL (Must Agree with line 5 above)	<u>\$ 304,619</u>	

*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

ADJUSTED CASH DISBURSEMENTS

Cash disbursements on Line 3 above less
inter-account transfers and UST fees paid \$ 5,392

*NOTE: This amount should be used
to determine UST quarterly fees due
and agree with Form 2-D, page 2 of 4

FORM 2-D
Page 1 of 4
01/04

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County CASE NUMBER: 05-50095

Rest Home

QUARTERLY FEE SUMMARY

MONTH ENDED March 2007

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 14,304			
February	\$ 5,295			
March	\$ 5,392			
Total				
1 st Quarter	\$ 24,991	\$ 500		
April	\$			
May	\$			
June	\$			
Total				
2 nd Quarter	\$	\$		
July	\$			
August	\$			
September	\$			
Total				
3 rd Quarter	\$	\$		
October	\$			
November	\$			
December	\$			
Total				
4 th Quarter	\$	\$		

FEE SCHEDULE

DISBURSEMENT CATEGORY	QUARTERLY FEE DUE
Less than \$15,000.00	\$250
\$15,000 - \$74,999.99	\$500
\$75,000 - \$149,999.99	\$750
\$150,000 - \$224,999.99	\$1,250
\$225,000 - \$299,999.99	\$1,500
\$300,000 - \$999,999.99	\$3,750
\$1,000,000 - \$1,999,999.99	\$5,000
\$2,000,000 - \$2,999,999.99	\$7,500
\$3,000,000 - \$4,999,999.99	\$8,000
\$5,000,000 and above	\$10,000

Note that a minimum payment of \$250 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: Jones County Rest Home Account Number: 480-009-6701
Operating Account

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Receipts \$ 0

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: Jones County Rest Home Account Number: 480-009-6701

Operating

CASH DISBURSEMENTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Disbursements \$ 0

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

CASE NAME: Daleson Enterprises d/b/a Jones
County Rest Home

CASE NUMBER: 05-50095

SUPPORTING SCHEDULES

For Period ___March 1___ to ___March 31___, 20 07___

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW	0	0	\$	\$	\$	
FICA	0	0				
FUTA	0	0				
SITW	0	0				
SUTA	0	0				
OTHER TAX						
TRADE PAYABLES						
OTHER	0	0				
Retirement	0	0				
Accrued PR	0	0				
Bonus	0	0				
TOTALS	0	0	\$	\$	\$	\$

CASE NAME: Daleson Enterprises, LLC dba Jones Cty Rest Home CASE NUMBER: 05-50095

For Period March 1 to March 31, 20 07

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH Old Acct. Payable Account Number: 430-715-3379

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Receipts \$ 500

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH New Accts. Payable Account Number: 480-009-6685

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Receipts \$ 20

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH Payroll Account Number: 480-009-6693

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Receipts \$ 0

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH Resident Trust Account Number: 480-009-6719

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$ 0

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH Old Acct. Pay Account Number: 430-715-3349

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Disbursements \$ 515

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH New Acct. Payable Account Number: 480-009-6685

CASH DISBURSEMENTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Disbursements \$ 5,377

*Identify any payments to professionals, owners, partners, shareholders, Officers, director or any insiders and all adequate protection payments Ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH Payroll Account Number: 480-009-6693

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Disbursements \$ 0

*Identify any payments to professionals, owners, partners, shareholders, Officers, director or any insiders and all adequate protection payments Ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period March 1 to March 31, 2007

Account Name: JCRH Resident Trust Account Number: 480-009-6719

CASH DISBURSEMENTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Disbursements \$ 0

*Identify any payments to professionals, owners, partners, shareholders, Officers, director or any insiders and all adequate protection payments Ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

CASE NAME: Daleson Enterprises, LLC dba Jones Cty Rest CASE NUMBER: 05-50095
Home

SUPPORTING SCHEDULES

For Period March 1 To March 31 2007

INSURANCE SCHEDULE

Type	Carrier/Agent	Coverage (\$)	Date of Expiration	Premium Paid
Workers' Compensation	MSHCA	\$100,000	1/1/06	NO
General Liability	CULIC	\$500,000	10/7/06	CANCELLED
Property (Fire, Theft)	Fox Everett	\$500,000	8/30/06	CANCELLED
Vehicle				
Other (list):				

- (1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.
- (2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

JONES NEW AP DEPOSITS MARCH 2007

3/1/2007 Through 3/31/2007

5/1/2007

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
3/16/...	AP NEW JCRHDEP		DEPOSIT			R	20.00
TOTAL 3/1/2007 - 3/31/2007							20.00
TOTAL INFLOWS							20.00
TOTAL OUTFLOWS							0.00
NET TOTAL							20.00

JONES NEW AP PAYMENTS MARCH 2007

3/1/2007 Through 3/31/2007

5/1/2007

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
3/14/...	AP NEW	JCRH3368	LARRY FORTE...				-2,285.00
3/14/...	AP NEW	JCRH3369	LarRY RUSSELL			R	-2,285.00
3/14/...	AP NEW	JCRH3370	LARRY FORTE...				-153.60
3/14/...	AP NEW	JCRH3371	LarRY RUSSELL			R	-153.60
3/26/...	AP NEW	JCRHTXFR	Transfer Money	[DO NOT U...		R	-500.00
TOTAL 3/1/2007 - 3/31/2007							-5,377.20

TOTAL INFLOWS	0.00
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TOTAL OUTFLOWS	-5,377.20
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NET TOTAL	-5,377.20
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JONES OLD AP DEPOSITS MARCH 2007
3/1/2007 Through 3/31/2007

5/1/2007

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
3/26/...	DO NOT U...		Transfer Money		[AP NEW J...	R	500.00
TOTAL 3/1/2007 - 3/31/2007							500.00
TOTAL INFLOWS							500.00
TOTAL OUTFLOWS							0.00
NET TOTAL							500.00

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JONES OLD AP PAYMENTS MARCH 2007
3/1/2007 Through 3/31/2007

5/1/2007

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
3/19/...	DO NOT U...	DEBIT	ACH DEBIT M...			R	-109.59
3/19/...	DO NOT U...	DEBIT	ACH DEBIT T...			R	-298.39
3/20/...	DO NOT U...		Service Charge		Bank Charge	R	-106.70
TOTAL 3/1/2007 - 3/31/2007							-514.68

TOTAL INFLOWS	0.00
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TOTAL OUTFLOWS	-514.68
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NET TOTAL	-514.68
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AP NEW JCRH
4/5/2007

Page 1

Reconciliation Summary

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:		308,750.86
Checks and Payments	5 Items	-5,377.20
Deposits and Other Credits	1 Item	20.00
Service Charge	0 Items	0.00
Interest Earned	0 Items	0.00
Ending Balance of Bank Statement:		303,393.66

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:		303,393.66
Checks and Payments	11 Items	-9,980.49
Deposits and Other Credits	0 Items	0.00
Register Balance as of 3/31/2007:		293,413.17
Checks and Payments	0 Items	0.00
Deposits and Other Credits	0 Items	0.00
Register Ending Balance:		293,413.17

293,413.17
 111.59
 293,524.76

AP NEW JCRH
4/5/2007

Page 2

Uncleared Transaction Detail up to 3/31/2007

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
5/11/2005	2296	GARY D. THRASH		GARNISHMENT		-457.89
7/13/2005	2556	WILLIAM G. CLARK				-800.00
8/12/2005	2656	WILLIAM G. CLARK				-800.00
9/14/2005	2821	WILLIAM G. CLARK				-800.00
10/14/...	2962	WILLIAM G. CLARK				-800.00
11/15/...	3092	WILLIAM G. CLARK				-800.00
12/15/...	3180	WILLIAM G. CLARK				-800.00
1/10/2006	3235	WILLIAM G. CLARK				-800.00
2/15/2006	3280	JOHN D. MCCORMICK				-1,484.00
3/14/2007	3368	LARRY FORTENBERRY				-2,285.00
3/14/2007	3370	LARRY FORTENBERRY				-153.60
Total Uncleared Checks and Payments					11 Items	-9,980.49
Uncleared Deposits and Other Credits						
Total Uncleared Deposits and Other Credits					0 Items	0.00
Total Uncleared Transactions					11 Items	-9,980.49



Small Business Checking

Page 1 of 4

Statement Period
From 3/01/2007 To 3/31/2007

Account Number
480-009-6685

5 Images Included

DALESON ENTERPRISE LLC DBA JONES COUNTY
REST HOME ACCT PAYABLE DEBTOR IN
POSSESSION CHAP 11 CASE NO 05-50095
PO BOX 345
SUMRALL MS 39482-0345

Customer Service:

1-800-243-2924 or 1-801-861-6000
Automated Response: 24 hours per day
Representative: Mon - Fri 9am-5pm
Sat 9am-7pm

For questions or to receive a Trustmark Access Number for use with automated services, call during Representative hours and choose option 0.

Website address: www.trustmark.com

MARCH



Summary

Description	Transactions	Amount
Balance last statement		308,750.86
Deposits and other credits	1	+ 20.00
Checks and other withdrawals	5	- 5,377.20
Service charges		- .00
Balance this statement		\$303,393.66

Note: Your lowest balance during this period was \$303,393.66, and it occurred on 3/27/2007



Deposits and Other Credits

Date	Amount	Description
3/16	20.00	DEPOSIT

Total of Deposits and Other Credits: \$20.00



Checks and Other Withdrawals

Checks Paid

Number of images included in this statement: 5

Number	Date Paid	Amount	Number	Date Paid	Amount	Number	Date Paid	Amount
3359	3 /27	2,285.00	3369 #	3 /27	2,285.00	★	3 /26	500.00
3361 #	3 /27	153.60	3371 #	3 /27	153.60			



Account Number
480-009-6685

Checks Paid - continued

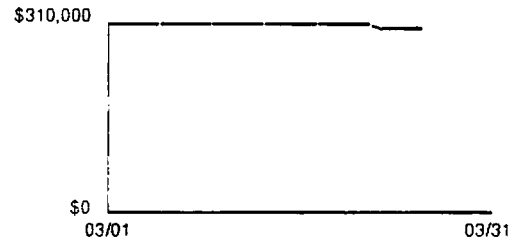
Number of images included in this statement: 5

Total of Checks Paid: \$5,377.20

★ Represents an unnumbered check or a non-check item.

Daily Balance History

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
3/1	\$308,750.86	3/26	\$308,270.86	3/31	\$303,393.66
3/16	\$308,770.86	3/27	\$303,393.66		



Your Balance this Period
— **Balance**

Check Images

Note: The items below are true and correct copies of the original items which have been photographically reproduced by the bank.

Ck	Ref 100120194 Pd 3/26	\$500.00
----	-----------------------	----------

Ck 3359	Ref 100217847	Pd 3/27	\$2285.00
---------	---------------	---------	-----------

Ck 3361 Ref 100217848 Pd 3/27- \$153.60

Ck 3369	Ref 100217844	Pd 3/27	\$2285.00
---------	---------------	---------	-----------

Document Page 28 of 38
Small Business Checking

Statement Period
From 3/01/2007 To 3/31/2007

Account Number
480-009-6685

Note: The items below are true and correct copies of the original items which have been photographically reproduced by the bank.

[illegible]

Ck 3371 Ref 100217843 Pd 3/27 \$153.60

This section is provided to help you balance your bank statement.

[illegible]

Total Checks and
Other Withdrawals outstanding

Balance = \$



Customer News

97.741



Trustmark
National Bank

Small Business Checking

Page 4 of 4

Statement Period
From 3/01/2007 To 3/31/2007

Account Number
480-009-6685

ATM/debit card use outside the United States

If you are traveling to a foreign country and intend to use your debit card, please notify us at 601-949-4462 or 800-844-2000 Ext. 4462.

CONSUMER ACCOUNTS ONLY

In Case of Error or Questions About Your Electronic Transfer or Direct Deposit

Write or telephone us as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer or direct deposit listed on the statement or receipt. We must be notified by you no later than 60 days after we sent the first statement on which the problem or error appeared.

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We will generally complete our investigation within 10 business days and correct any error promptly. In some cases, an investigation may take longer, but you will have the use of the funds in question after the 10 business days. If we ask you to put your complaint or questions in writing and we do not receive it within 10 business days, we may not credit your account during the investigation.

If we decide that there was no error, we will send you a written explanation within 3 business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

For questions or problems relating to your Trustmark Express Card or any electronic fund transfer, call us at 1-800-961-8000 (in the Jackson, Mississippi area) or at 1-800-243-2524 (all other locations). If you prefer you may write us at the following address:

Trustmark National Bank
Attn: Customer Contact Center
P.O. Box 291
Jackson, MS 39205-0291

FR NEW JCRH
4/5/2007

Page 1

Reconciliation Summary

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:			3,635.84
Checks and Payments	0	Items	0.00
Deposits and Other Credits	11	Items	0.00
Service Charge	0	Items	0.00
Interest Earned	0	Items	0.00
Ending Balance of Bank Statement:			3,635.84

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:			3,635.84
Checks and Payments	2	Items	-1,148.61
Deposits and Other Credits	0	Items	0.00
Register Balance as of 3/31/2007:			2,487.23
Checks and Payments	0	Items	0.00
Deposits and Other Credits	0	Items	0.00
Register Ending Balance:			2,487.23

PR NEW JCRH
4/5/2007

Page 2

Uncleared Transaction Detail up to 3/31/2007

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
1/6/2006	4022	2021 Kendra Barnett				-387.57
1/6/2006	4032	1878 LINDSEY SAN...		Salary		-761.04
Total Uncleared Checks and Payments				2 Items		-1,148.61
Uncleared Deposits and Other Credits						
Total Uncleared Deposits and Other Credits				0 Items		0.00
Total Uncleared Transactions				2 Items		-1,148.61

Small Business Checking

Page 1 of 2



Trustmark
National Bank

Statement Period
From 3/01/2007 To 3/31/2007

Account Number
480-009-6693

DALESON ENTERPRISE LLC DBA JONES COUNTY
REST HOME PAYROLL ACCT DEBTOR IN
POSSESSION CHAP 11 CASE NO 05-50095
PO BOX 345
SUMRALL MS 39482-0345

Customer Service:

1-800-243-2524 or 1-601-961-6000
Automated Response 24 hours/day
Representative Mon-Fri 9am-5pm
Sat 9am-1pm

For questions or to receive a Trustmark Access
Number for use with automated services, call
during Representative hours and choose option 1.

Website address: www.trustmark.com



Summary

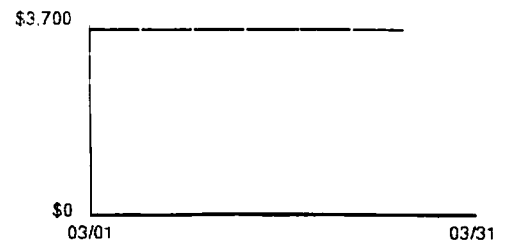
Description	Transactions	Amount
Balance last statement		3,635.84
Deposits and other credits		+ .00
Checks and other withdrawals		- .00
Service charges		- .00
Balance this statement		\$3,635.84

Note: Your lowest balance during this period was \$3,635.84, and it occurred on 3/1/2007.



Daily Balance History

Date	Balance	Date	Balance
3/1	\$3,635.84	3/31	\$3,635.84



Your Balance this Period
Balance



Account Number
480-009-6693

[illegible]

Checks and
Other Withdrawals
outstanding -
Not charged to account

[illegible]

Balance = \$ _____

This balance should agree with your checkbook balance after deducting service charges and adding interest (if any) shown on this statement for previous month.



If you are traveling to a foreign country and intend to use your debit card, please notify us at 601-949-4462 or 800-844-2000 Ext. 4462.

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Trustmark National Bank
Attn: Customer Contact Center
P.O. Box 291
Jackson, MS 39205-0291

25.248

DO NOT USE JCRH AP
4/5/2007

Page 1

Reconciliation Summary

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:			126.27
Checks and Payments	2	Items	-407.98
Deposits and Other Credits	1	Item	500.00
Service Charge	1	Item	-106.70
Interest Earned	0	Items	0.00
Ending Balance of Bank Statement:			111.59

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:			111.59
Checks and Payments	0	Items	0.00
Deposits and Other Credits	0	Items	0.00
Register Balance as of 3/31/2007:			111.59
Checks and Payments	0	Items	0.00
Deposits and Other Credits	0	Items	0.00
Register Ending Balance:			111.59

DO NOT USE JCRH AP
4/5/2007

Page 2

Uncleared Transaction Detail up to 3/31/2007

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
Total Uncleared Checks and Payments				0 Items		0.00
Uncleared Deposits and Other Credits						
Total Uncleared Deposits and Other Credits				0 Items		0.00
Total Uncleared Transactions				0 Items		0.00

Trustmark

National Bank

Small Business Checking

Page 1 of 3

Statement Period
From 3/01/2007 To 3/31/2007Account Number
430-715-3349DALESON ENTERPRISE LLC DBA
JONES COUNTY REST HOME
ACCOUNTS PAYABLE
PO BOX 345
SUMRALL MS 39482-0345**Customer Service:**1-800-241-2024 or 1-800-961-6000
Automated Response - 24 hours a day
Representative - Mon - Fri 8am-5pm
Sat 9am-1pmFor questions or to receive a Trustmark Access
Number for use with automated services, call
during Representative hours and choose option 2

Website address: www.trustmark.com

**Summary**

Description	Transactions	Amount
Balance last statement		126.27
Deposits and other credits	1	+ 500.00
Checks and other withdrawals	2	- 407.98
Service charges	3	- 106.70
Balance this statement		\$111.59

Note: Your lowest balance during this period was \$377.71-, and it occurred on 3/19/2007.

**Deposits and Other Credits**

Date	Amount	Description
3/26	500.00	DEPOSIT

Total of Deposits and Other Credits: \$500.00

**Checks and Other Withdrawals****Other Electronic Transactions**

Date	Amount	Description
3/19	298.39	ACH DEBIT AXA EQUITABLE RDP INS. P PPD 22009572334903
3/19	109.59	ACH DEBIT METLIFE PAYMENT PPD 10000771914

Total of Other Electronic Transactions: \$407.98

Thank you for banking with us.

23 019

MARCH

22957233500
Donna Zumwalt
Disability

Stop in May - Judy

Amy → Jones City Rest Home
Gen. American - 1-800-638-9294Stop draft
as of 4-5-07



Trustmark
National Bank

Small Business Checking

Page 2 of 3

Statement Period
From 3/01/2007 To 3/31/2007

Account Number
430-715-3349

Checks and Other Withdrawals - continued

Service Charges

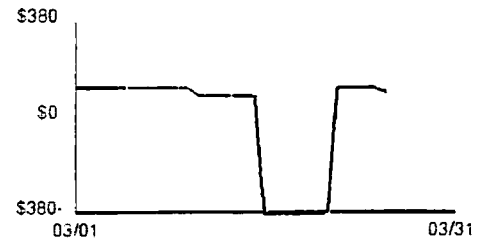
Date	Amount	Description
3/13	- 32.00	OD/NSF FEE NSF FEE
3/19	- 64.00	OD/NSF FEE OD FEE
3/31	- 10.70	MAINTENANCE FEE

Total of Service Charges: \$106.70



Daily Balance History

Date	Balance	Date	Balance	Date	Balance
3/1	\$126.27	3/19	\$377.71-	3/31	\$111.59
3/13	\$94.27	3/26	\$122.29		



Your Balance this Period
Balance



Trustmark

National Bank

Statement Period
From 3/01/2007 To 3/31/2007

Account Number
430-715-3349

Reconciliation

This section is provided to help you balance your bank statement.

Checks and
Other Withdrawals
outstanding -
Not charged to account

[illegible]

Bank Balance
Shown on
this statement

\$111.59

Add +

Deposits not credited to this statement

\$	

Total

§ 1

Subtract —

Checks and
Other Withdrawals
Outstanding

1/s

S



Balance =

\$

This balance should agree with your checkbook balance after deducting service charges and adding interest (if any) shown on this statement for previous month.



Customer News

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Attn: Customer Contact Center
P.O. Box 291
Jackson, MS 39205-0291

Thank you for banking with us.